

REQUEST FOR QUOTE

Quotes must be submitted by email to the email address below

AGENCY: Illinois Department of Public Health

CONTACT: Vicki Wilson

EMAIL: Vicki.Wilson@illinois.gov

SPECIFICATIONS	
Contract Length	For 90 days after date of contract execution, with the option to renew if mutually agreeable.
Required Services	<p style="text-align: center;">COVID-19 POLYMERASE CHAIN REACTION TESTING LABORATORY SERVICES</p> <p>The Illinois Department of Public Health (IDPH) is soliciting quotes from vendors to provide laboratory services for COVID-19 specimens. IDPH is looking for laboratory facilities located in Illinois or within 60 miles of the Illinois border that will provide Polymerase Chain Reaction (PCR) testing laboratory services. To be considered for a region, the Vendor must be located in the region or within 60 miles of the region. The regions are as follows:</p> <ul style="list-style-type: none">• Region 1: North of interstate highway 80• Region 2: South of interstate highway 80 and north of interstate highway 70• Region 3: South of interstate highway 70 <p><u>Quotes are due not later than Tuesday, November 17, 2020, 5:00 pm Central Standard Time</u></p> <p>The number of contracts awarded to serve each region will be dependent on the operational needs of the IDPH. The IDPH reserves the right to award contracts under this Request for Quote (RFQ) for laboratory services after reviewing submitted quotes, reviewing state-wide logistical needs, and determining how individual laboratory practices and laboratory locations best achieves IDPH's operational and logistical needs. In determining if the quote matches the state-wide logistical needs, the IDPH will review the vendor's explanation of services to ensure it matches IDPH's needs as identified in the specifications provided below as well as the price quote.</p> <p>The vendor must be able to perform the following services:</p> <ul style="list-style-type: none">• Perform Polymerase Chain Reaction (PCR) testing for COVID-19 clinical specimens<ul style="list-style-type: none">○ The PCR testing shall be compatible with Anterior Nares (AN) swab collection○ Minimum initial daily testing volume: 1500 specimens, with desired capacity at or above 2500 specimens per day○ Vendor must be able to receive specimens at least 6 days per week.• Turnaround time required 24-48 hours from receipt of specimen.<ul style="list-style-type: none">○ Vendor must provide a daily report to the State on the average turnaround time of samples processed the previous day, as well as a specific count of specimens in process \geq48hrs of receipt, including the variance from the 48hr target.○ Vendor must report total specimens exceeding 48hr TAT

- If the laboratory delivers an average turnaround time of less than 24 hours over a week (Monday-Sunday,) the State will pay a bonus of 10% over the per test quote submitted. Bonus premium will not be applied to the additional AN swab, VTM, transportation, shipping or courier service costs. The average turnaround time must be verified by the State prior to the payment of any such bonus.
- If the laboratory delivers an average turnaround time of more than 48hours over a week (Monday-Sunday,) the State will assess a penalty and deduct 10% from the per test quote submitted.
- Vendor must be able to accept electronic test requisition forms, including accepting electronic test requisition forms obtained from the State’s online portal for COVID-19 testing or other similar method adopted by the State or a partner of the State.
- Vendor must notify the State and/or its designee of each test result performed on behalf of the State via the electronic lab reporting system (ELR) in HL7 file format and must submit the results through the State’s online portal.
 - Vendor’s quote should indicate whether vendor is also able to provide batched reporting if requested (e.g., to a nursing home or other congregate care facility that seeks a report of all people tested there, as opposed to individual lab results.)
- Vendor must be able to bill patient insurance on behalf of the State before seeking payment from the State based on information provided with specimen. The vendor must be able to bill the State for the total cost of tests it performs, less any amount received through insurance reimbursement. The vendor must be able to detail all insurance reimbursements and agree to work closely with, and in good faith with the State to maximize insurance reimbursements in accordance with applicable State law. The vendor must be able to notify the State within one business day of being notified that any insurance refuses to reimburse for a test or reimburses less than the specified rate for a test.
- Vendor must be prepared to begin testing upon contract execution. Vendor’s quote must provide information on readiness to begin testing, including details such as reagent and other lab supplies availability, trained staff, amount of appropriate equipment, current and expected throughput, etc.

Optional additional services:

- Provision of test kit materials: Vendor’s quote should include options for (1) vendor-supplied AN Swabs and Viral Transport Medium (VTM), including transportation to the specimen collection site; and/or (2) State-supplied AN swabs and VTM.
- Specimen transport: Vendor’s quote may include options for vendor to provide transportation, shipping, or courier services for COVID-19 specimens between specimen collection sites and their laboratory or should indicate this is not an option.
- Specimen collection: Vendor’s quote may include options for vendor to perform specimen collection on behalf of the state, including the completion of digital data requisition forms to accompany any collected specimens. Such quote should be made on a per-specimen basis.
- Call-out of test results: Vendor’s quote may include options for vendor to provide call center services for results produced at the lab. This would involve outbound calls to patients to deliver their results and being available for patients to make inbound calls to the call center to receive their results.

Additional requirements:

	<ul style="list-style-type: none"> • All tests must be performed in accordance with Clinical Laboratory Improvement Amendments (CLIA) requirements. • Vendor’s quote must include information on test method (product name) including specific equipment that will be used to perform testing. • Vendor is responsible for recruitment of all staff and staffing and personnel costs associated with PCR testing services to the State including provision of necessary personal protective equipment (PPE). • Vendor is responsible for purchasing reagents and other ancillary supplies necessary to complete testing. • Vendor is responsible for providing and maintaining appropriate testing equipment. • Vendor must have been operating clinical testing services of a similar nature under CLIA requirements for at least one year.
QUOTE	<p>\$ Click or tap here to enter text. per test excluding costs to provide AN swabs, VTM, transportation, shipping, or courier services.</p> <p>Click or tap here to enter text. Daily Capacity Available</p> <p>\$Click or tap here to enter text. Additional cost per test for supplying AN swabs and VTM to be supplied by vendor</p> <p>\$Click or tap here to enter text. Additional cost per test for the vendor to provide transportation, shipping, or courier services to move specimens from collection site to laboratory</p> <p>\$Click or tap here to enter text. Additional cost per test for the vendor to perform specimen collection on behalf of the state.</p> <p>\$Click or tap here to enter text. Additional cost per test for the vendor to make outbound calls or to receive inbound calls at a call center in order to report results.</p> <p>Click or tap here to enter text. Batched reporting capability (Yes or No).</p> <p>Click or tap here to enter text. Region(s) of the state where the laboratory can provide services</p> <p>Required Explanation of Services. Each quote shall include a brief explanation (no longer than 1-2 pages) of how the vendor will perform the services identified in this request for quote.</p>

Note to Vendor: The quote must be valid for 90 days from date of submission and must include all expenses. We reserve the right to reject all offers and to reject individual offers for failure to meet any requirement.

Company Name: _____

Signature: _____ **Date:** _____

Printed Name: _____

Title: _____